

# Capitol Mall Group Fitness

A project of the Department of Administration, Office of Group Insurance

Requests should be submitted via mail or FAX to:

Department of Administration, Attn: Capitol Mall Group Fitness, P.O. Box 83720, Boise, ID 83720-0003; or FAX (208) 334-2307

All groups requesting use of the Capitol Mall Group Fitness room must comply with the *Capitol Mall Group Fitness Policies & Guidelines* document. Requests will be accommodated on a first come, first serve basis and as the room schedule permits. Requests will be kept on file for 6 months to fill time slots as they become available.

## CLASS INFORMATION

Class Title: \_\_\_\_\_ Class Duration: \_\_\_\_\_  
(i.e. Yoga, Step, Boot Camp, etc) (30 min, 45 min or 1 hour)

Requested Time/Days for Class: \_\_\_\_\_  
Maximum of 2 occurrences per class, per week. (i.e. Mon/Wedn lunch hour, Thurs. 7 AM – 8 AM, etc)

Point of Contact (POC): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Must be a state employee)

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

All classes must have, and maintain, a minimum registration of at least eight (8) state employees.  
List all registered state employees below including the class contact person if they are also a participant.

Name	Department	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

**Statement of Responsibility** - By signing this agreement, the Point of Contact (POC) requesting use confirms that they have read and accept the rules and guidelines outlined in the *Capitol Mall Group Fitness Policies & Guidelines*, and acknowledge responsibility to abide by all guidelines set forth. Any fees charged by the instructor are the responsibility of the class participants. This request does not create any type of financial obligation to the instructor by the State of Idaho. Class participants may be responsible for reimbursement of labor and material costs incurred by the State of Idaho for repairs or cleaning which directly relate to damage to the fitness room, other than normal wear and tear, as a result of your class.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For use by the Department of Administration

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Approved, Declined or Waitlisted: \_\_\_\_\_

If waitlisted, request will be on file for 6 months, expiring: \_\_\_\_\_ Reason if declined: \_\_\_\_\_

Other notes: \_\_\_\_\_